

Casualty Assistance Officer (CAO) Guide for Submitting DD Form 1351-2 for Soldiers Killed in Action



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Travel Pay Services

Travel Voucher DD Form 1351-2, is designed for travelers to submit individual claims for reimbursement of official travel. It is critical that the form is filled out in its entirety and accompanied by the proper documentation. The following information applies to all DD Forms 1351-2 (version 2002 or 2004).

- The goal of this packet is to provide the CAO with the proper skills for filling out the DD Form 1351-2.
- The packet will provide detailed instructions on filling each required field in the travel voucher.
- This packet will also address some of your frequently asked questions.
- The proper information about fax numbers and mailing addresses for the required forms will be given at the end of this document.
- All of the following information can be referenced to
 - **REF A.** JOINT FEDERAL TRAVEL REGULATIONS (JFTR), CHAPTER 4, CHAPTER 5, PARS. U5241, U5242, U7601, AND APPENDIX E.
 - **REF B.** JOINT TRAVEL REGULATIONS (JTR), CHAPTER 6, PART B, AND APPENDIX E.
 - **REF C.** DEPARTMENT OF DEFENSE FINANCIAL MANAGEMENT REGULATION(DODFMR), VOL 9, PARS. 040901-04, 080503, 080505.
 - **REF D.** DODFMR, VOL 7A, PARS. 360203 and 360204.
 - **REF E.** DODFMR, VOL 8, PARS. 070501 AND 070502.

Required Documentation

In order for travel pay to be processed, the listed documentation below must be accounted for and filled out properly.

1. Travel Voucher (DD Form 1351 – 2)
2. All orders and/or amendments pertaining to travel of the soldier prior to death
3. Manifest of Orders
4. Report of Casualty (DD Form 1300) or certificate of death
5. Record of Emergency Data (DD Form 93)
6. Direct Deposit Form for beneficiary (SF-1199)

Important Notes about DD Form 1351-2

- 1) The entire document (1351-2) should be filled out based on the information of the soldier that was KIA. This should include the name, most updated address, phone number, etc. of the deceased soldier. There should be no information pertaining to the beneficiary on DD Form 1351-2.
- 2) Block 15 : Itinerary
 - If the deceased soldier's unit is still deployed, then the dates for the itinerary should come from the Travel Orders
 - The final date on the itinerary should be the date of casualty of the Soldier. This date can be found on Block 4d of DD Form 1300 or on the death certificate.
 - The final reason for stop in field 15d should be MC for "Mission Complete."
 - The final ARR/DEP is the location of death of the soldier. A (KIA) should be put in before the Location.
- 3) There must be two signatures on the Travel voucher in order for it to be processed. There should be a signature by the beneficiary in block 20a and a signature by the CAO in block 20c. The CAO cannot sign for the beneficiary in block 20a.
- 4) Travel Orders
 - If the soldier was active then there should be one order.
 - If the soldier is reservist then there should be at least two different orders. One order should be from their home to a base for training or pre-mobilization. The other order should designate their deployment.
 - If in need of travel orders, the CAO can contact the unit administrator at the home station of the deceased soldier.
 - It is the CAO's responsibility to make sure that the travel orders are included in the travel packet.
- 5) The beneficiary needs to indicate whether or not they want direct deposit of the reimbursement money. Sometimes soldiers have different bank accounts than the beneficiary. It is important for the CAO to verify that the correct beneficiary address or bank account is provided.

CAO Checklist for Temporary Duty Travel Settlement Vouchers

User: Casualty Assistance Officers submitting claims for a deceased military or civilian traveler for **Temporary Duty**.

Purpose: This checklist should be used by the CAO to ensure that travel claims are proper, complete, and complies with the intent of the order before submitting them to DFAS-IN Travel Casualty.

1. ____ Travel Voucher DD Form 1351-2 July 2002 or 2004, is either typed or in ink.
2. ____ If split disbursement is checked there is also a check in the Electronic Fund Transfer box, and a dollar amount on the split disbursement line or the word “all”.
3. ____ Name and SSN match the name and SSN on the Travel Orders.
4. ____ All information on the Travel Voucher pertains to the deceased soldier and not the beneficiary.
5. ____ Block 8 contains the Travel Order number located in field 22 of (DD Form 1610).
6. ____ Block 9 has either previous per diem payments/advances listed or the word NONE.
7. ____ Block 15a has the year directly below the word “date.”
8. ____ The Final date of travel is the casualty date.
9. ____ Block 15b has the final ARR/DEP as the location of death, and has (KIA) before the location.
10. ____ Blocks 15c contains proper codes and information located on the second page of DD Form 1351-2.
11. ____ Block 15d contains the proper codes located on page 2 of DD Form 1351-2. The final Code for the KIA is MC
12. ____ Block 17 is completed indicating the duration of the TDY travel.
13. ____ Block 18 contains all reimbursable expenses.
14. ____ Block 20a contains the signature of the beneficiary (person on DD 93).
15. ____ Block 20c contains the signature of the CAO.
16. ____ Required orders (DD 1610), Report of Casualty (DD 1300), Record of Emergency Data (DD 93), Manifest for orders, and Direct Deposit form are attached to the Travel Voucher.
17. ____ DD Form 93 contains the Beneficiary’s Signature.

Step by Step Guide to Filling out DD Form 1351-2

(The following information applies to all 1351-2 forms)

Block 1: Payment

1. PAYMENT

Electronic Fund Transfer (EFT)

Payment by Check

Split Disbursement: Amount to Government
Travel Charge Card

2

TRAVEL VOUCHER REQUEST

Payment: Field 1 contains the requested method of payment. In addition, the traveler must indicate whether a Split Disbursement is requested and specify the dollar amount to be transmitted directly to the Financial Institution providing the Government Travel Charge Card.

Blocks 2 - 6: Name, Grade, SSN, Type of Payment, Address

2. NAME (Last, First, Middle (initials)) (Print or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)	
Smith, Pat L		E8	111-11-1111	<input checked="" type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee
6. ADDRESS a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE	<input type="checkbox"/> PCS	<input type="checkbox"/> Other
123 Main St.	Anywhere	IN	22333	<input type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA
e. E-MAIL ADDRESS pat.smith@usarmy.mil				10. FOR D.O. USE ONLY	

TRAVEL VOUCHER FOR SUBVOUCHER		Please Print Name and Address of Person to Whom Subvoucher Issued Name _____ Address _____ City _____ State _____ Zip _____	
1. PAYEE'S NAME <input type="checkbox"/> Individual or Firm (When for a firm) <input type="checkbox"/> 2. PAYEE'S ADDRESS (When for a firm)	3. DATE OF TRAVEL From _____ To _____	4. TYPE OF TRAVEL <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	5. PURPOSE OF TRAVEL <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Other
6. PAYEE'S PHONE NUMBER () _____	7. PAYEE'S CITY _____	8. PAYEE'S STATE _____	9. PAYEE'S ZIP CODE _____
10. PAYEE'S SIGNATURE _____	11. PAYEE'S TITLE _____	12. PAYEE'S ORGANIZATION _____	13. PAYEE'S ADDRESS _____
14. PAYEE'S CITY _____	15. PAYEE'S STATE _____	16. PAYEE'S ZIP CODE _____	17. PAYEE'S SIGNATURE _____
18. PAYEE'S TITLE _____	19. PAYEE'S ORGANIZATION _____	20. PAYEE'S ADDRESS _____	21. PAYEE'S CITY _____
22. PAYEE'S STATE _____	23. PAYEE'S ZIP CODE _____	24. PAYEE'S SIGNATURE _____	25. PAYEE'S TITLE _____
26. PAYEE'S ORGANIZATION _____	27. PAYEE'S ADDRESS _____	28. PAYEE'S CITY _____	29. PAYEE'S STATE _____
30. PAYEE'S ZIP CODE _____	31. PAYEE'S SIGNATURE _____	32. PAYEE'S TITLE _____	33. PAYEE'S ORGANIZATION _____
34. PAYEE'S ADDRESS _____	35. PAYEE'S CITY _____	36. PAYEE'S STATE _____	37. PAYEE'S ZIP CODE _____
38. PAYEE'S SIGNATURE _____	39. PAYEE'S TITLE _____	40. PAYEE'S ORGANIZATION _____	41. PAYEE'S ADDRESS _____
42. PAYEE'S CITY _____	43. PAYEE'S STATE _____	44. PAYEE'S ZIP CODE _____	45. PAYEE'S SIGNATURE _____
46. PAYEE'S TITLE _____	47. PAYEE'S ORGANIZATION _____	48. PAYEE'S ADDRESS _____	49. PAYEE'S CITY _____
50. PAYEE'S STATE _____	51. PAYEE'S ZIP CODE _____	52. PAYEE'S SIGNATURE _____	53. PAYEE'S TITLE _____
54. PAYEE'S ORGANIZATION _____	55. PAYEE'S ADDRESS _____	56. PAYEE'S CITY _____	57. PAYEE'S STATE _____
58. PAYEE'S ZIP CODE _____	59. PAYEE'S SIGNATURE _____	60. PAYEE'S TITLE _____	61. PAYEE'S ORGANIZATION _____
62. PAYEE'S ADDRESS _____	63. PAYEE'S CITY _____	64. PAYEE'S STATE _____	65. PAYEE'S ZIP CODE _____
66. PAYEE'S SIGNATURE _____	67. PAYEE'S TITLE _____	68. PAYEE'S ORGANIZATION _____	69. PAYEE'S ADDRESS _____
70. PAYEE'S CITY _____	71. PAYEE'S STATE _____	72. PAYEE'S ZIP CODE _____	73. PAYEE'S SIGNATURE _____
74. PAYEE'S TITLE _____	75. PAYEE'S ORGANIZATION _____	76. PAYEE'S ADDRESS _____	77. PAYEE'S CITY _____
78. PAYEE'S STATE _____	79. PAYEE'S ZIP CODE _____	80. PAYEE'S SIGNATURE _____	81. PAYEE'S TITLE _____
82. PAYEE'S ORGANIZATION _____	83. PAYEE'S ADDRESS _____	84. PAYEE'S CITY _____	85. PAYEE'S STATE _____
86. PAYEE'S ZIP CODE _____	87. PAYEE'S SIGNATURE _____	88. PAYEE'S TITLE _____	89. PAYEE'S ORGANIZATION _____
90. PAYEE'S ADDRESS _____	91. PAYEE'S CITY _____	92. PAYEE'S STATE _____	93. PAYEE'S ZIP CODE _____
94. PAYEE'S SIGNATURE _____	95. PAYEE'S TITLE _____	96. PAYEE'S ORGANIZATION _____	97. PAYEE'S ADDRESS _____
98. PAYEE'S CITY _____	99. PAYEE'S STATE _____	100. PAYEE'S ZIP CODE _____	101. PAYEE'S SIGNATURE _____
102. PAYEE'S TITLE _____	103. PAYEE'S ORGANIZATION _____	104. PAYEE'S ADDRESS _____	105. PAYEE'S CITY _____
106. PAYEE'S STATE _____	107. PAYEE'S ZIP CODE _____	108. PAYEE'S SIGNATURE _____	109. PAYEE'S TITLE _____
110. PAYEE'S ORGANIZATION _____	111. PAYEE'S ADDRESS _____	112. PAYEE'S CITY _____	113. PAYEE'S STATE _____
114. PAYEE'S ZIP CODE _____	115. PAYEE'S SIGNATURE _____	116. PAYEE'S TITLE _____	117. PAYEE'S ORGANIZATION _____
118. PAYEE'S ADDRESS _____	119. PAYEE'S CITY _____	120. PAYEE'S STATE _____	121. PAYEE'S ZIP CODE _____
122. PAYEE'S SIGNATURE _____	123. PAYEE'S TITLE _____	124. PAYEE'S ORGANIZATION _____	125. PAYEE'S ADDRESS _____
126. PAYEE'S CITY _____	127. PAYEE'S STATE _____	128. PAYEE'S ZIP CODE _____	129. PAYEE'S SIGNATURE _____
130. PAYEE'S TITLE _____	131. PAYEE'S ORGANIZATION _____	132. PAYEE'S ADDRESS _____	133. PAYEE'S CITY _____
134. PAYEE'S STATE _____	135. PAYEE'S ZIP CODE _____	136. PAYEE'S SIGNATURE _____	137. PAYEE'S TITLE _____
138. PAYEE'S ORGANIZATION _____	139. PAYEE'S ADDRESS _____	140. PAYEE'S CITY _____	141. PAYEE'S STATE _____
142. PAYEE'S ZIP CODE _____	143. PAYEE'S SIGNATURE _____	144. PAYEE'S TITLE _____	145. PAYEE'S ORGANIZATION _____
146. PAYEE'S ADDRESS _____	147. PAYEE'S CITY _____	148. PAYEE'S STATE _____	149. PAYEE'S ZIP CODE _____
150. PAYEE'S SIGNATURE _____	151. PAYEE'S TITLE _____	152. PAYEE'S ORGANIZATION _____	153. PAYEE'S ADDRESS _____
154. PAYEE'S CITY _____	155. PAYEE		

Grade: Field 3 contains the proper title for military members and is used on any correspondence to the traveler. Pay grade information is highly recommended for civilian TDY travelers.

Type of Payment: Field 5 specifies what type of travel reimbursement is being requested. TDY should be checked.

Address: Fields 6a, 6b, 6c, and 6d show the address of the soldier that was KIA. This SHOULD NOT be the address and name of the beneficiary.

		NO. EMPLOYEES BY OCCUPATIONAL STATUS			
		% CIVIL	% MIL. EMPLOYED	% CIVIL	% MIL. EMPLOYED
20A. CLERICAL & INFO. SERVICES	% CIVIL	A. EMPLOYED CIVIL & SERVICES			% CIVIL
21A. SUPPORT & MAINT. SERVICES					% CIVIL
22. PROFESSIONAL, CLERICAL & SPECIALIZED					
23. CIVIL SERVICE & EMPLOY					
24. CIVIL SERVICE & EMPLOY	25. MIL. SERVICE & EMPLOY	26. TOTAL MIL. SERVICE FOR THIS YEAR	27. PER CENTAGE of total force that is MIL. SERVICE		28. MIL. SERVICE & EMPLOY

Blocks 7 – 8: Telephone # and Travel order number

7. DAYTIME TELEPHONE NUMBER & AREA CODE (219) 944-0003	8. TRAVEL ORDER NUMBER 110000	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES NONE
11. ORGANIZATION AND STATION DFAS-HQ Washington, DC		

TRAVEL VOUCHER / REJOUVEUR		Official Primary and Secondary Purpose: (Official Purpose) Travel for official business on behalf of the Department of Defense, its component agencies, or the United States Government. (Secondary Purpose) Travel for official business on behalf of the Department of Defense, its component agencies, or the United States Government.	
1. PAY METHOD <input type="checkbox"/> Direct Deposit to Official's Account <input type="checkbox"/> Cash Advance from Official's Account	2. OFFICIAL'S ACCOUNT NUMBER [Redacted]	3. OFFICIAL'S ACCOUNT NUMBER [Redacted]	4. OFFICIAL'S ACCOUNT NUMBER [Redacted]
5. OFFICIAL'S ACCOUNT NUMBER [Redacted]	6. OFFICIAL'S ACCOUNT NUMBER [Redacted]	7. OFFICIAL'S ACCOUNT NUMBER [Redacted]	8. OFFICIAL'S ACCOUNT NUMBER [Redacted]
9. OFFICIAL'S ACCOUNT NUMBER [Redacted]	10. OFFICIAL'S ACCOUNT NUMBER [Redacted]	11. OFFICIAL'S ACCOUNT NUMBER [Redacted]	12. OFFICIAL'S ACCOUNT NUMBER [Redacted]
13. OFFICIAL'S ACCOUNT NUMBER [Redacted]	14. OFFICIAL'S ACCOUNT NUMBER [Redacted]	15. OFFICIAL'S ACCOUNT NUMBER [Redacted]	16. OFFICIAL'S ACCOUNT NUMBER [Redacted]
17. OFFICIAL'S ACCOUNT NUMBER [Redacted]	18. OFFICIAL'S ACCOUNT NUMBER [Redacted]	19. OFFICIAL'S ACCOUNT NUMBER [Redacted]	20. OFFICIAL'S ACCOUNT NUMBER [Redacted]
21. OFFICIAL'S ACCOUNT NUMBER [Redacted]	22. OFFICIAL'S ACCOUNT NUMBER [Redacted]	23. OFFICIAL'S ACCOUNT NUMBER [Redacted]	24. OFFICIAL'S ACCOUNT NUMBER [Redacted]
25. OFFICIAL'S ACCOUNT NUMBER [Redacted]	26. OFFICIAL'S ACCOUNT NUMBER [Redacted]	27. OFFICIAL'S ACCOUNT NUMBER [Redacted]	28. OFFICIAL'S ACCOUNT NUMBER [Redacted]
29. OFFICIAL'S ACCOUNT NUMBER [Redacted]	30. OFFICIAL'S ACCOUNT NUMBER [Redacted]	31. OFFICIAL'S ACCOUNT NUMBER [Redacted]	32. OFFICIAL'S ACCOUNT NUMBER [Redacted]
33. OFFICIAL'S ACCOUNT NUMBER [Redacted]	34. OFFICIAL'S ACCOUNT NUMBER [Redacted]	35. OFFICIAL'S ACCOUNT NUMBER [Redacted]	36. OFFICIAL'S ACCOUNT NUMBER [Redacted]
37. OFFICIAL'S ACCOUNT NUMBER [Redacted]	38. OFFICIAL'S ACCOUNT NUMBER [Redacted]	39. OFFICIAL'S ACCOUNT NUMBER [Redacted]	40. OFFICIAL'S ACCOUNT NUMBER [Redacted]
41. OFFICIAL'S ACCOUNT NUMBER [Redacted]	42. OFFICIAL'S ACCOUNT NUMBER [Redacted]	43. OFFICIAL'S ACCOUNT NUMBER [Redacted]	44. OFFICIAL'S ACCOUNT NUMBER [Redacted]
45. OFFICIAL'S ACCOUNT NUMBER [Redacted]	46. OFFICIAL'S ACCOUNT NUMBER [Redacted]	47. OFFICIAL'S ACCOUNT NUMBER [Redacted]	48. OFFICIAL'S ACCOUNT NUMBER [Redacted]
49. OFFICIAL'S ACCOUNT NUMBER [Redacted]	50. OFFICIAL'S ACCOUNT NUMBER [Redacted]	51. OFFICIAL'S ACCOUNT NUMBER [Redacted]	52. OFFICIAL'S ACCOUNT NUMBER [Redacted]
53. OFFICIAL'S ACCOUNT NUMBER [Redacted]	54. OFFICIAL'S ACCOUNT NUMBER [Redacted]	55. OFFICIAL'S ACCOUNT NUMBER [Redacted]	56. OFFICIAL'S ACCOUNT NUMBER [Redacted]
57. OFFICIAL'S ACCOUNT NUMBER [Redacted]	58. OFFICIAL'S ACCOUNT NUMBER [Redacted]	59. OFFICIAL'S ACCOUNT NUMBER [Redacted]	60. OFFICIAL'S ACCOUNT NUMBER [Redacted]
61. OFFICIAL'S ACCOUNT NUMBER [Redacted]	62. OFFICIAL'S ACCOUNT NUMBER [Redacted]	63. OFFICIAL'S ACCOUNT NUMBER [Redacted]	64. OFFICIAL'S ACCOUNT NUMBER [Redacted]
65. OFFICIAL'S ACCOUNT NUMBER [Redacted]	66. OFFICIAL'S ACCOUNT NUMBER [Redacted]	67. OFFICIAL'S ACCOUNT NUMBER [Redacted]	68. OFFICIAL'S ACCOUNT NUMBER [Redacted]
69. OFFICIAL'S ACCOUNT NUMBER [Redacted]	70. OFFICIAL'S ACCOUNT NUMBER [Redacted]	71. OFFICIAL'S ACCOUNT NUMBER [Redacted]	72. OFFICIAL'S ACCOUNT NUMBER [Redacted]
73. OFFICIAL'S ACCOUNT NUMBER [Redacted]	74. OFFICIAL'S ACCOUNT NUMBER [Redacted]	75. OFFICIAL'S ACCOUNT NUMBER [Redacted]	76. OFFICIAL'S ACCOUNT NUMBER [Redacted]
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85. OFFICIAL'S ACCOUNT NUMBER [Redacted]	86. OFFICIAL'S ACCOUNT NUMBER [Redacted]	87. OFFICIAL'S ACCOUNT NUMBER [Redacted]	88. OFFICIAL'S ACCOUNT NUMBER [Redacted]
89. OFFICIAL'S ACCOUNT NUMBER [Redacted]	90. OFFICIAL'S ACCOUNT NUMBER [Redacted]	91. OFFICIAL'S ACCOUNT NUMBER [Redacted]	92. OFFICIAL'S ACCOUNT NUMBER [Redacted]
93. OFFICIAL'S ACCOUNT NUMBER [Redacted]	94. OFFICIAL'S ACCOUNT NUMBER [Redacted]	95. OFFICIAL'S ACCOUNT NUMBER [Redacted]	96. OFFICIAL'S ACCOUNT NUMBER [Redacted]
97. OFFICIAL'S ACCOUNT NUMBER [Redacted]	98. OFFICIAL'S ACCOUNT NUMBER [Redacted]	99. OFFICIAL'S ACCOUNT NUMBER [Redacted]	100. OFFICIAL'S ACCOUNT NUMBER [Redacted]

Travel Order Number: Field 8 contains the travel order number. Ensure that this number matches the number in block 22, as shown in the DD Form 1610 to the right.

REQUEST AND AUTHORIZATION FOR TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations (JTR), Chapter 3 Travel Privacy Act Statement on back before completing form.)		1. DATE OF REQUEST (YYYYMMDD)																																				
REQUEST FOR OFFICIAL TRAVEL																																						
2. NAME (Last, First, Middle Initial)	3. SOCIAL SECURITY NUMBER	4. POSITION TITLE AND GRADE/RATING																																				
5. LOCATION OF PERMANENT DUTY STATION (JTR)	6. ORGANIZATIONAL ELEMENT	7. DUTY PHONE NUMBER (Include Area Code)																																				
8. TYPE OF AUTHORIZATION	9. TRIP PURPOSE (See JTR, Appendix B)	10. APPROX. NO. OF TRIP DAYS (Including travel time)																																				
11. ITINERARY	12. TRANSPORTATION MODE																																					
	<table border="1"> <tr> <th colspan="4">a. COMMERCIAL</th> <th colspan="4">b. GOVERNMENT</th> <th colspan="4">c. LOCAL TRANSPORTATION</th> </tr> <tr> <th>RAIL</th> <th>AIR</th> <th>BUS</th> <th>SHIP</th> <th>VEHICLE</th> <th>SHIP</th> <th>CAR RENTAL</th> <th>TAXI</th> <th>OTHER</th> <th>PRIVATELY OWNED CONVEYANCE (Check one)</th> <th>PRIVATELY OWNED CONVEYANCE (Check one)</th> <th>PRIVATELY OWNED CONVEYANCE (Check one)</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		a. COMMERCIAL				b. GOVERNMENT				c. LOCAL TRANSPORTATION				RAIL	AIR	BUS	SHIP	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER	PRIVATELY OWNED CONVEYANCE (Check one)	PRIVATELY OWNED CONVEYANCE (Check one)	PRIVATELY OWNED CONVEYANCE (Check one)												
a. COMMERCIAL				b. GOVERNMENT				c. LOCAL TRANSPORTATION																														
RAIL	AIR	BUS	SHIP	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER	PRIVATELY OWNED CONVEYANCE (Check one)	PRIVATELY OWNED CONVEYANCE (Check one)	PRIVATELY OWNED CONVEYANCE (Check one)																											
13. 1. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR 2. OTHER RATE OF PER DIEM (Specify)																																						
14. ESTIMATED COST																																						
<table border="1"> <tr> <th>a. PER DIEM</th> <th>b. TRAVEL</th> <th>c. OTHER</th> <th>d. TOTAL</th> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$ 0.00</td> </tr> </table>												a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL	\$	\$	\$	\$ 0.00																			
a. PER DIEM	b. TRAVEL	c. OTHER	d. TOTAL																																			
\$	\$	\$	\$ 0.00																																			
15. ADVANCE AUTHORIZED																																						
16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)																																						
DD Form 1610																																						
Travel Order Number: Field 22 contains the travel order number.																																						
21. AUTHORIZING/ENDORSEMENT OFFICIAL (Title and signature)																																						
22. TRAVEL AUTHORIZATION NUMBER																																						

Block 9: Previous Government Payments/Advances

7. DAYTIME TELEPHONE NUMBER & AREA CODE (219) 944-0003	8. TRAVEL ORDER NUMBER 110000	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES NONE
11. ORGANIZATION AND STATION DFAS-HQ Washington, DC		

[illegible]

Previous Government Payments/Advances: Field 9, the CAO must record any advance or partial payment previously received against travel order number associated with the trip. The word "None" should be entered if there was no prior payment.

Block 10: D.O. Use only

[illegible]

10. FOR D.O. USE ONLY	
a. D.O. VOUCHER NUMBER	
b. SUBVOUCHER NUMBER	
c. PAID BY	
d. COMPUTATIONS	
e. SUMMARY OF PAYMENT	
(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

10

[illegible]

12. DEPENDENT(S) <i>(X and complete as applicable)</i>			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS <i>(Include Zip Code)</i>
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED	
a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE	
			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? <i>(X one)</i>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Explain in Remarks)</i>

Fields or blocks 12, 13, and 14 are not used for TDY travel.

[illegible]

Block 15: Itinerary

15. ITINERARY		D. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		C. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE	7003						
8-1	DEP	HOME		PA			
8-1	ARR				AT		
8-1	DEP	Indianapolis Airport		CP			
8-1	ARR				TD		
8-4	DEP	Fort Bragg, NC		CP			
8-4	ARR				MC		
10-4	DEP	(KIA) IRAQ					
	ARR						
	DEP						
	ARR						
	DEP						

DATE (a): The final date (10-4) should be the date of casualty of the Soldier. This date can be found on Block 4d of the Report of Casualty (DD Form 1300) or the death certificate.

Place (b): The final place listed should be the location the soldier was killed. A KIA should be listed before the location as shown above.

REASON FOR STOP (d): The final reason for stop should display an MC for "Mission Complete".

TRAVEL VOUCHER	
1. PURPOSE OF TRIP	
2. TRAVEL DATES	
3. TRAVEL METHOD	
4. TRAVEL EXPENSES	
5. TRAVEL NOTES	

Itinerary: Block 15 contains the Trip Itinerary. If the soldiers unit is still deployed, use the dates listed on the travel orders.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation	- C	Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned	- P	Rail	- R
Conveyance (POC)	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the **total cost** for lodging.

Block 16: POC Travel

16. POC TRAVEL (X one)		<input checked="" type="checkbox"/> OWN/OPERATE	<input type="checkbox"/> PASSENGER	7. DURATION OF TDY TRAVEL	
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED		
	POV to Airport 28mi	\$10.22			
	Taxis to Ft Bragg	\$14.20			
	POV to Airport 28mi	\$10.22			
	Lodging Taxes	\$17.00		<input checked="" type="checkbox"/>	

TRAVEL VOUCHER FOR REIMBURSEMENT		Federal Policy: Each Government, Privately Owned Conveyance, used for business purposes, shall be reimbursed at the rate of \$0.15 per mile, plus \$0.25 per day for parking and \$0.25 per day for tolls. If the conveyance is used for both business and personal purposes, the reimbursement shall be reduced proportionately.	
1. TYPE OF TRAVEL	2. DATE OF TRAVEL	3. FROM	4. TO
5. TYPE OF VEHICLE	6. TYPE OF TRAVEL	7. TYPE OF TRAVEL	8. TYPE OF TRAVEL
9. TYPE OF TRAVEL	10. TYPE OF TRAVEL	11. TYPE OF TRAVEL	12. TYPE OF TRAVEL

POC Travel: When travel is performed by Privately Owned Conveyance (POC), there must be an (X) placed in the appropriate box to indicate whether they were the owner/operator of the vehicle or a passenger. Most of the time this will not pertain to a KIA case.

1. TYPE OF TRAVEL		2. DATE OF TRAVEL		3. FROM		4. TO	
5. TYPE OF VEHICLE		6. TYPE OF TRAVEL		7. TYPE OF TRAVEL		8. TYPE OF TRAVEL	
9. TYPE OF TRAVEL		10. TYPE OF TRAVEL		11. TYPE OF TRAVEL		12. TYPE OF TRAVEL	
13. TYPE OF TRAVEL		14. TYPE OF TRAVEL		15. TYPE OF TRAVEL		16. TYPE OF TRAVEL	
17. TYPE OF TRAVEL		18. TYPE OF TRAVEL		19. TYPE OF TRAVEL		20. TYPE OF TRAVEL	
21. TYPE OF TRAVEL		22. TYPE OF TRAVEL		23. TYPE OF TRAVEL		24. TYPE OF TRAVEL	
25. TYPE OF TRAVEL		26. TYPE OF TRAVEL		27. TYPE OF TRAVEL		28. TYPE OF TRAVEL	
29. TYPE OF TRAVEL		30. TYPE OF TRAVEL		31. TYPE OF TRAVEL		32. TYPE OF TRAVEL	
33. TYPE OF TRAVEL		34. TYPE OF TRAVEL		35. TYPE OF TRAVEL		36. TYPE OF TRAVEL	
37. TYPE OF TRAVEL		38. TYPE OF TRAVEL		39. TYPE OF TRAVEL		40. TYPE OF TRAVEL	
41. TYPE OF TRAVEL		42. TYPE OF TRAVEL		43. TYPE OF TRAVEL		44. TYPE OF TRAVEL	
45. TYPE OF TRAVEL		46. TYPE OF TRAVEL		47. TYPE OF TRAVEL		48. TYPE OF TRAVEL	
49. TYPE OF TRAVEL		50. TYPE OF TRAVEL		51. TYPE OF TRAVEL		52. TYPE OF TRAVEL	
53. TYPE OF TRAVEL		54. TYPE OF TRAVEL		55. TYPE OF TRAVEL		56. TYPE OF TRAVEL	
57. TYPE OF TRAVEL		58. TYPE OF TRAVEL		59. TYPE OF TRAVEL		60. TYPE OF TRAVEL	
61. TYPE OF TRAVEL		62. TYPE OF TRAVEL		63. TYPE OF TRAVEL		64. TYPE OF TRAVEL	
65. TYPE OF TRAVEL		66. TYPE OF TRAVEL		67. TYPE OF TRAVEL		68. TYPE OF TRAVEL	
69. TYPE OF TRAVEL		70. TYPE OF TRAVEL		71. TYPE OF TRAVEL		72. TYPE OF TRAVEL	
73. TYPE OF TRAVEL		74. TYPE OF TRAVEL		75. TYPE OF TRAVEL		76. TYPE OF TRAVEL	
77. TYPE OF TRAVEL		78. TYPE OF TRAVEL		79. TYPE OF TRAVEL		80. TYPE OF TRAVEL	
81. TYPE OF TRAVEL		82. TYPE OF TRAVEL		83. TYPE OF TRAVEL		84. TYPE OF TRAVEL	
85. TYPE OF TRAVEL		86. TYPE OF TRAVEL		87. TYPE OF TRAVEL		88. TYPE OF TRAVEL	
89. TYPE OF TRAVEL		90. TYPE OF TRAVEL		91. TYPE OF TRAVEL		92. TYPE OF TRAVEL	
93. TYPE OF TRAVEL		94. TYPE OF TRAVEL		95. TYPE OF TRAVEL		96. TYPE OF TRAVEL	
97. TYPE OF TRAVEL		98. TYPE OF TRAVEL		99. TYPE OF TRAVEL		100. TYPE OF TRAVEL	

Block 17: Duration of TDY Travel

16. POC TRAVEL (X one)		<input checked="" type="checkbox"/> OWN/OPERATE	PASSENGER	17. DURATION OF TDY TRAVEL
18. REIMBURSABLE EXPENSES				
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	
	POV to Airport 28mi	\$10.22		
	Taxis to Ft Bragg	\$14.20		
	POV to Airport 28mi	\$10.22		12 HOURS OR LESS
	Lodging Taxes	\$17.00		
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS
				<input checked="" type="checkbox"/> MORE THAN 24 HOURS

TRAVEL VOUCHER FOR RSU B/OUCHER		Federal Policy: This document is for use by the Department of Defense only. It is not to be distributed outside the Department of Defense. It is not to be used for any other purpose. It is not to be used for any other purpose. It is not to be used for any other purpose.	
1. TRAVEL DATE 2. TRAVEL FROM 3. TRAVEL TO 4. TRAVEL BY 5. TRAVEL CLASS 6. TRAVEL TYPE 7. TRAVEL PURPOSE 8. TRAVEL AUTHORITY 9. TRAVEL APPROVAL 10. TRAVEL REVIEW		11. TRAVEL EXPENSES 12. TRAVEL REIMBURSEMENT 13. TRAVEL VOUCHER 14. TRAVEL VOUCHER 15. TRAVEL VOUCHER 16. TRAVEL VOUCHER 17. TRAVEL VOUCHER 18. TRAVEL VOUCHER 19. TRAVEL VOUCHER 20. TRAVEL VOUCHER	

Duration of TDY Travel: For block 17, there must be an (X) placed in the appropriate box to indicate the duration of the trip.

1. TRAVEL DATE		2. TRAVEL FROM		3. TRAVEL TO		4. TRAVEL BY		5. TRAVEL CLASS		6. TRAVEL TYPE		7. TRAVEL PURPOSE		8. TRAVEL AUTHORITY		9. TRAVEL APPROVAL		10. TRAVEL REVIEW	
11. TRAVEL EXPENSES		12. TRAVEL REIMBURSEMENT		13. TRAVEL VOUCHER		14. TRAVEL VOUCHER		15. TRAVEL VOUCHER		16. TRAVEL VOUCHER		17. TRAVEL VOUCHER		18. TRAVEL VOUCHER		19. TRAVEL VOUCHER		20. TRAVEL VOUCHER	

Block 18: Reimbursable Expenses

16. POC TRAVEL (X one)		<input checked="" type="checkbox"/> OWN/OPERATE	PASSENGER	17. DURATION OF TDY TRAVEL	
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED		
	POV to Airport 28mi	\$10.2			
	Taxis to Ft Bragg	\$14.20			
	POV to Airport 28mi	\$10.22			
	Lodging Taxes	\$17.00		X	

TRAVEL VOUCHER FOR REIMBURSEMENT			
1. PRINT NAME <input type="checkbox"/> Married or Civil Union for QPS <input type="checkbox"/> Single otherwise ok. Please check box if Civil Union.		2. PRINT NAME OF COMMANDING OFFICER 3. PRINT NAME OF TRAVELER 4. PRINT NAME OF TRAVELER'S SUPERVISOR	
5. PRINT NAME OF TRAVELER'S SUPERVISOR 6. PRINT NAME OF TRAVELER'S SUPERVISOR		7. PRINT NAME OF TRAVELER'S SUPERVISOR 8. PRINT NAME OF TRAVELER'S SUPERVISOR	
9. PRINT NAME OF TRAVELER'S SUPERVISOR 10. PRINT NAME OF TRAVELER'S SUPERVISOR		11. PRINT NAME OF TRAVELER'S SUPERVISOR 12. PRINT NAME OF TRAVELER'S SUPERVISOR	

Reimbursable Expenses: Block 18 contains all allowable reimbursable expenses claimed by the traveler. Most of the time there will not be anything listed under reimbursable expenses for KIAs.

13. PRINT NAME OF TRAVELER		14. PRINT NAME OF TRAVELER'S SUPERVISOR		15. PRINT NAME OF TRAVELER'S SUPERVISOR	
16. PRINT NAME OF TRAVELER'S SUPERVISOR		17. PRINT NAME OF TRAVELER'S SUPERVISOR		18. PRINT NAME OF TRAVELER'S SUPERVISOR	
19. PRINT NAME OF TRAVELER'S SUPERVISOR		20. PRINT NAME OF TRAVELER'S SUPERVISOR		21. PRINT NAME OF TRAVELER'S SUPERVISOR	
22. PRINT NAME OF TRAVELER'S SUPERVISOR		23. PRINT NAME OF TRAVELER'S SUPERVISOR		24. PRINT NAME OF TRAVELER'S SUPERVISOR	
25. PRINT NAME OF TRAVELER'S SUPERVISOR		26. PRINT NAME OF TRAVELER'S SUPERVISOR		27. PRINT NAME OF TRAVELER'S SUPERVISOR	
28. PRINT NAME OF TRAVELER'S SUPERVISOR		29. PRINT NAME OF TRAVELER'S SUPERVISOR		30. PRINT NAME OF TRAVELER'S SUPERVISOR	
31. PRINT NAME OF TRAVELER'S SUPERVISOR		32. PRINT NAME OF TRAVELER'S SUPERVISOR		33. PRINT NAME OF TRAVELER'S SUPERVISOR	
34. PRINT NAME OF TRAVELER'S SUPERVISOR		35. PRINT NAME OF TRAVELER'S SUPERVISOR		36. PRINT NAME OF TRAVELER'S SUPERVISOR	
37. PRINT NAME OF TRAVELER'S SUPERVISOR		38. PRINT NAME OF TRAVELER'S SUPERVISOR		39. PRINT NAME OF TRAVELER'S SUPERVISOR	
40. PRINT NAME OF TRAVELER'S SUPERVISOR		41. PRINT NAME OF TRAVELER'S SUPERVISOR		42. PRINT NAME OF TRAVELER'S SUPERVISOR	
43. PRINT NAME OF TRAVELER'S SUPERVISOR		44. PRINT NAME OF TRAVELER'S SUPERVISOR		45. PRINT NAME OF TRAVELER'S SUPERVISOR	
46. PRINT NAME OF TRAVELER'S SUPERVISOR		47. PRINT NAME OF TRAVELER'S SUPERVISOR		48. PRINT NAME OF TRAVELER'S SUPERVISOR	
49. PRINT NAME OF TRAVELER'S SUPERVISOR		50. PRINT NAME OF TRAVELER'S SUPERVISOR		51. PRINT NAME OF TRAVELER'S SUPERVISOR	
52. PRINT NAME OF TRAVELER'S SUPERVISOR		53. PRINT NAME OF TRAVELER'S SUPERVISOR		54. PRINT NAME OF TRAVELER'S SUPERVISOR	
55. PRINT NAME OF TRAVELER'S SUPERVISOR		56. PRINT NAME OF TRAVELER'S SUPERVISOR		57. PRINT NAME OF TRAVELER'S SUPERVISOR	
58. PRINT NAME OF TRAVELER'S SUPERVISOR		59. PRINT NAME OF TRAVELER'S SUPERVISOR		60. PRINT NAME OF TRAVELER'S SUPERVISOR	
61. PRINT NAME OF TRAVELER'S SUPERVISOR		62. PRINT NAME OF TRAVELER'S SUPERVISOR		63. PRINT NAME OF TRAVELER'S SUPERVISOR	
64. PRINT NAME OF TRAVELER'S SUPERVISOR		65. PRINT NAME OF TRAVELER'S SUPERVISOR		66. PRINT NAME OF TRAVELER'S SUPERVISOR	
67. PRINT NAME OF TRAVELER'S SUPERVISOR		68. PRINT NAME OF TRAVELER'S SUPERVISOR		69. PRINT NAME OF TRAVELER'S SUPERVISOR	
70. PRINT NAME OF TRAVELER'S SUPERVISOR		71. PRINT NAME OF TRAVELER'S SUPERVISOR		72. PRINT NAME OF TRAVELER'S SUPERVISOR	
73. PRINT NAME OF TRAVELER'S SUPERVISOR		74. PRINT NAME OF TRAVELER'S SUPERVISOR		75. PRINT NAME OF TRAVELER'S SUPERVISOR	
76. PRINT NAME OF TRAVELER'S SUPERVISOR		77. PRINT NAME OF TRAVELER'S SUPERVISOR		78. PRINT NAME OF TRAVELER'S SUPERVISOR	
79. PRINT NAME OF TRAVELER'S SUPERVISOR		80. PRINT NAME OF TRAVELER'S SUPERVISOR		81. PRINT NAME OF TRAVELER'S SUPERVISOR	
82. PRINT NAME OF TRAVELER'S SUPERVISOR		83. PRINT NAME OF TRAVELER'S SUPERVISOR		84. PRINT NAME OF TRAVELER'S SUPERVISOR	
85. PRINT NAME OF TRAVELER'S SUPERVISOR		86. PRINT NAME OF TRAVELER'S SUPERVISOR		87. PRINT NAME OF TRAVELER'S SUPERVISOR	
88. PRINT NAME OF TRAVELER'S SUPERVISOR		89. PRINT NAME OF TRAVELER'S SUPERVISOR		90. PRINT NAME OF TRAVELER'S SUPERVISOR	
91. PRINT NAME OF TRAVELER'S SUPERVISOR		92. PRINT NAME OF TRAVELER'S SUPERVISOR		93. PRINT NAME OF TRAVELER'S SUPERVISOR	
94. PRINT NAME OF TRAVELER'S SUPERVISOR		95. PRINT NAME OF TRAVELER'S SUPERVISOR		96. PRINT NAME OF TRAVELER'S SUPERVISOR	
97. PRINT NAME OF TRAVELER'S SUPERVISOR		98. PRINT NAME OF TRAVELER'S SUPERVISOR		99. PRINT NAME OF TRAVELER'S SUPERVISOR	
100. PRINT NAME OF TRAVELER'S SUPERVISOR		101. PRINT NAME OF TRAVELER'S SUPERVISOR		102. PRINT NAME OF TRAVELER'S SUPERVISOR	

Block 19: Government/Deductible Meals

19. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
4/5/05	1 (G)		
4/6/05	1 (L)		

[illegible]

Government/Deductible Meals: Block 19 contains the information regarding any government provided or deductible meals consumed by the traveler. (G) stands for a government meal and (L) stands for a deductible meal.

[illegible]

Blocks 20a – 20b: Claimant Signature & Date

20.a. CLAIMANT SIGNATURE Beneficiary's Signature	b. DATE 5/12/05	21. SUPERVISOR SIGNATURE CAO's Signature	d. DATE 5/14/05
21.a. APPROVING OFFICER SIGNATURE			b. DATE

[illegible]

**Blocks 20c – 21b: Supervisor & Approving
Officer's Signature**

20.a. CLAIMANT SIGNATURE Beneficiary's Signature	b. DATE 5/12/05	c. SUPERVISOR SIGNATURE CAO's Signature	d. DATE 5/14/05
21.a. APPROVING OFFICER SIGNATURE			e. DATE

<h1>TRAVEL VOUCHER RUBRIC/VOUCHER</h1>		<p>Noted: Policyholder must follow company's Procedure for Settlement, but in transactions on which, further investigation is required, the company may, at its sole discretion, require the policyholder to provide further information.</p>	
<p>1. POLICY NUMBER</p> <p>1.1. Policy Number: <input type="text"/></p>		<p>2. POLICYHOLDER'S NAME</p> <p>2.1. Policyholder's Name: <input type="text"/></p>	
<p>3. POLICYHOLDER'S ADDRESS</p> <p>3.1. Policyholder's Address: <input type="text"/></p>		<p>4. POLICYHOLDER'S PHONE NUMBER</p> <p>4.1. Policyholder's Phone Number: <input type="text"/></p>	
<p>5. POLICYHOLDER'S EMAIL ADDRESS</p> <p>5.1. Policyholder's Email Address: <input type="text"/></p>		<p>6. POLICYHOLDER'S OCCUPATION</p> <p>6.1. Policyholder's Occupation: <input type="text"/></p>	
<p>7. POLICYHOLDER'S DATE OF BIRTH</p> <p>7.1. Policyholder's Date of Birth: <input type="text"/></p>		<p>8. POLICYHOLDER'S SEX</p> <p>8.1. Policyholder's Sex: <input type="text"/></p>	
<p>9. POLICYHOLDER'S MARITAL STATUS</p> <p>9.1. Policyholder's Marital Status: <input type="text"/></p>		<p>10. POLICYHOLDER'S RELIGION</p> <p>10.1. Policyholder's Religion: <input type="text"/></p>	
<p>11. POLICYHOLDER'S EDUCATION</p> <p>11.1. Policyholder's Education: <input type="text"/></p>		<p>12. POLICYHOLDER'S EMPLOYMENT</p> <p>12.1. Policyholder's Employment: <input type="text"/></p>	
<p>13. POLICYHOLDER'S SOCIAL SECURITY NUMBER</p> <p>13.1. Policyholder's Social Security Number: <input type="text"/></p>		<p>14. POLICYHOLDER'S TAX STATUS</p> <p>14.1. Policyholder's Tax Status: <input type="text"/></p>	
<p>15. POLICYHOLDER'S SIGNATURE</p> <p>15.1. Policyholder's Signature: <input type="text"/></p>		<p>16. POLICYHOLDER'S DATE</p> <p>16.1. Policyholder's Date: <input type="text"/></p>	

Supervisor/Approving Officer Signature: Block 20c contains the CAO's signature. This block must be signed and dated by the CAO for the voucher to be processed

IMPORTANT: There must be at least two signatures on this form. The form must contain the beneficiary's signature along with the CAO's signature.

[illegible]

Blocks 22 - 28: Accounting office use only

22. ACCOUNTING CLASSIFICATION				
23. COLLECTION DATA				
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID

DD FORM 1351-2, JUL 2002

PREVIOUS EDITION IS OBSOLETE.

Exception to SF 1012 approved by GSA/IRMS 12-01

[illegible]

Blocks 22 - 28: Blocks 22 - 28 are used by the travel office. All of these fields should be left blank.

[illegible]

Block 29: Remarks

<p>29. REMARKS</p> <p>INDICATE DATES ON WHICH LEAVE WAS TAKEN:</p>

DD FORM 1351-2 (BACK), JUL 2002

<p align="center">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 5 U.S.C. Section 552a, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDPMR 7000.14-R, Vol. 9, and E.O. 9397.</p> <p>PRINCIPAL PURPOSES: This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.</p> <p>ROUTINE USES: Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Barker Routine Use" as published in the Federal Register.</p> <p>DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.</p>
<p align="center">PENALTY STATEMENT</p> <p>There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).</p>

Remarks: Block 29 is used by the Authorizing Official, (AO), to provide an explanation for items being authorized for reimbursement that were not originally authorized on the travel order, or to note situations that can change entitlements such as voluntary leave. This box is not a required field.

<p>2. Two copies of dependent travel authorization if issued.</p> <p>3. Copies of secretarial approval of travel if claim concerns persons who either did not reside in your household before their travel and/or will not reside in your household after travel.</p> <p>4. Copy of GTR, MTA or ticket used.</p> <p>5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.</p> <p>6. Other attachments will be as directed.</p>	<p>meals considered by a meal and employee when command sent or without charge incident to an official assignment by sources other than a government mess (see JTR, par. U4125-A2g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.</p>
<p>29. REMARKS</p> <p>INDICATE DATES ON WHICH LEAVE WAS TAKEN:</p>	

Frequently Asked Questions

1. Whose information should be placed on the 1351-2?

All of the information on the travel voucher should pertain to the deceased soldier. None of the beneficiary's information goes on the 1351-2. The beneficiary only signs the 1351-2 in block 20.a.

2. Can the beneficiary receive the payment by EFT?

Yes, the beneficiary can receive the payment through EFT. They have to fill out the SF-1199 (unless the account is the same as the KIA soldier) and the CAO must submit it along with all of the other required documentation in the travel packet. It is important that the CAO verifies that the bank account and routing numbers are correct for the beneficiary.

3. What documents need to be included with the 1351-2 when submitting the KIA voucher for payment?

The following documentation must be included to authorize payment:

- 1. Travel Voucher (DD Form 1351-2)**
- 2. All orders and/or amendments pertaining to travel of the soldier prior to death**
- 3. Manifest of Orders**
- 4. Report of Casualty (DD Form 1300) or certificate of death**
- 5. Record of Emergency Data (DD Form 93)**
- 6. If the beneficiary would like direct deposit a SF-1199 must be included if beneficiary bank account information is different than that of the deceased soldier.**

4. What dates go into the itinerary section of the 1351-2?

If you are unable to contact the deceased soldier's unit, use the dates listed on the soldiers travel orders. The final date for the soldier should be the date of casualty found on the DD Form 1300 or death certificate.

5. Where can you obtain a deceased soldier's travel orders if you do not have them already?

You can locate the orders by contacting the unit administrator at the home base of the deceased soldier.

6. What is the final reason for stop on the 1351-2 in block 15.e.?

The final reason for stop is "Mission Complete" MC.

7. What is the final ARR/DEP on the 1351-2?

The final ARR/DEP is the location of casualty of the soldier.

8. Does the CAO sign in block 20.c of DD Form 1351-2?

The CAO must sign in block 20c

9. Who should I contact if I have a question?

Please contact customer service at 1-888-332-7366 and request to speak with the Casualty Assistance Office for Travel or e-mail dfas-in.travel.casualty@dfas.mil

Contact Information

The entire travel packet (DD 1351-2, DD Form 1610, Manifest for orders, DD Form 1300 or death certificate, DD 93, SF-1199) should be sent to the following address:

MAIL – DFAS-IN Travel Casualty
8899 E. 56th Street
Dept. 3700
ATTN: Casualty Travel
Indianapolis, IN 46249-3700

OR

FAX: 317-510-7699
DSN 699-7699

Questions?

Please direct your questions to:

dfas-in.travel.casualty@dfas.mil

Or

Customer Service: 1-888-332-7366

(Please request to speak with the Casualty Assistance Office for Travel)

**Sample Travel Packet for CAO to send
to DFAS-IN Travel Casualty**

Sample: Travel Voucher Form 1351 – 2
(pg. 1)

[illegible]

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Sample: Travel Voucher Form 1351 – 2

(pg. 2)

INSTRUCTIONS																							
<p>ITEM 1 - PAYMENT</p> <p>Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.</p> <p>REQUIRED ATTACHMENTS</p> <ol style="list-style-type: none"> 1. Original and/or copies of all travel orders/authorizations and amendments, as applicable. 2. Two copies of dependent travel authorization if issued. 3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel. 4. Copy of GTR, MTA or ticket used. 5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more. 6. Other attachments will be as directed. 	<p>ITEM 15 - ITINERARY - SYMBOLS</p> <p>15c. MEANS/MODE OF TRAVEL (Use two letters)</p> <table style="width: 100%; border: none;"> <tr> <td>GTR/TKT or CBA (See Note) - T</td> <td>Automobile - A</td> </tr> <tr> <td>Government Transportation - G</td> <td>Motorcycle - M</td> </tr> <tr> <td>Commercial Transportation (Own expense) - C</td> <td>Bus - B</td> </tr> <tr> <td>Privately Owned</td> <td>Plane - P</td> </tr> <tr> <td>Conveyance (POC) - P</td> <td>Rail - R</td> </tr> <tr> <td></td> <td>Vessel - V</td> </tr> </table> <p>Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.</p> <p>15d. REASON FOR STOP</p> <table style="width: 100%; border: none;"> <tr> <td>Authorized Delay - AD</td> <td>Leave En Route - LV</td> </tr> <tr> <td>Authorized Return - AR</td> <td>Mission Complete - MC</td> </tr> <tr> <td>Awaiting Transportation - AT</td> <td>Temporary Duty - TD</td> </tr> <tr> <td>Hospital Admittance - HA</td> <td>Voluntary Return - VR</td> </tr> <tr> <td>Hospital Discharge - HD</td> <td></td> </tr> </table> <p>ITEM 15e. LODGING COST</p> <p>Enter the total cost for lodging.</p> <p>ITEM 19 - DEDUCTIBLE MEALS</p> <p>Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.</p>	GTR/TKT or CBA (See Note) - T	Automobile - A	Government Transportation - G	Motorcycle - M	Commercial Transportation (Own expense) - C	Bus - B	Privately Owned	Plane - P	Conveyance (POC) - P	Rail - R		Vessel - V	Authorized Delay - AD	Leave En Route - LV	Authorized Return - AR	Mission Complete - MC	Awaiting Transportation - AT	Temporary Duty - TD	Hospital Admittance - HA	Voluntary Return - VR	Hospital Discharge - HD	
GTR/TKT or CBA (See Note) - T	Automobile - A																						
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Privately Owned	Plane - P																						
Conveyance (POC) - P	Rail - R																						
	Vessel - V																						
Authorized Delay - AD	Leave En Route - LV																						
Authorized Return - AR	Mission Complete - MC																						
Awaiting Transportation - AT	Temporary Duty - TD																						
Hospital Admittance - HA	Voluntary Return - VR																						
Hospital Discharge - HD																							
<p>29. REMARKS</p> <p>a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:</p> <p>b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.</p>																							

Reset

Sample: Travel Orders (DD Form 1610)

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations (JTR), Chapter 3) (Read Privacy Act Statement on back before completing form.)						1. DATE OF REQUEST (YYYYMMDD) Current Date	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) Doe, John W.			3. SOCIAL SECURITY NUMBER 123-45-6789		4. POSITION TITLE AND GRADE/RATING LTC / Professor of Military Science		
5. LOCATION OF PERMANENT DUTY STATION (PD#) Input your School or Bde address here				6. ORGANIZATIONAL ELEMENT Input your Region address here		7. DUTY PHONE NUMBER (Include Area Code) School Voice # & FAX	
8. TYPE OF ORDERS TDY		9. TDY PURPOSE (See JTR, Appendix H) To serve as a cadre member in support of ROTC Advanced Camp			10a. APPROX. NO. OF TDY DAYS (Including travel time) 0		b. PROCEED DATE (YYYYMMDD) Enter Date
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED You are directed to proceed from (Input your location) to Fort Lewis, WA and return upon completion of TDY. Report to Building #11D39, NET 0800 and NLT 1630 on (AC Branch will enter your Report Date here). You will sign out/in of your parent unit upon departure/return from TDY. If delayed en route, notify your chain of command. If you cannot contact your chain of command, call the P&A Division at 1-253-967-3953.							
12. TRANSPORTATION MODE							
a. COMMERCIAL				b. GOVERNMENT		c. LOCAL TRANSPORTATION	
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL
	<input checked="" type="checkbox"/>						
AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						PRIVATELY OWNED CONVEYANCE (Check one) RATE PER MILE: _____ <input checked="" type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR	
13. a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR				b. OTHER RATE OF PER DIEM (Specify) \$10.50 Per Diem per day			
14. ESTIMATED COST							15. ADVANCE AUTHORIZED
a. PER DIEM		b. TRAVEL		c. OTHER		d. TOTAL	
\$		\$		\$		\$	
16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.) Weapons will not be transported incident to travel. Travel will be at government expense; the total GTR is _____. Use of privately-owned conveyance is authorized for the convenience of the individual and will be limited to constructive cost for common carrier transportation. (Number of POV miles one-way: _____). In and around mileage is not authorized. Purchase of airline ticket through private travel agency is not authorized. Excess baggage is authorized up to \$150 when traveling by commercial air. Government lodging and meals are directed. Rental car is not authorized. Servicemember is attached to the above command for administration of award and UCMJ actions for the TDY period specified above. You must submit a DD Form 1351-2 within 5 working days of completion of TDY travel. Submit original and two copies of orders and supporting documents to 325 Brooks Road, Rome, NY 13441-4527.							
17. TRAVEL-REQUESTING OFFICIAL (Title and signature) PMS Signature Block						18. TRAVEL-APPROVING/DIRECTING OFFICIAL (Title and signature) Bn or Bde Cdr Signature Block	
AUTHORIZATION							
19. ACCOUNTING CITATION 2112020 0000 0 371005 31472370000 21T1 \$ _____ 21T2 \$ _____ 000000 _____ 61 018043							
20. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature) Gary A. Lewis, Chief, Program and Budget Division						21. DATE ISSUED (YYYYMMDD) 2005/04/02	
						22. TRAVEL ORDER NUMBER 04-230	

DD FORM 1610, JAN 2001

PREVIOUS EDITION IS OBSOLETE.

Sample: Record of Emergency Data (DD Form 93)

RECORD OF EMERGENCY DATA				
<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).</p> <p>PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.</p> <p>ROUTINE USES: None.</p> <p>DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.</p>				
<p style="text-align: center;">INSTRUCTIONS TO SERVICEMEMBER</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following</p> </div> <div style="width: 50%;"> <p>statement carefully, and sign on the line provided:</p> <p style="margin-top: 10px;">I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.</p> <p style="text-align: right; margin-top: 10px;">_____ (Signature of Servicemember)</p> </div> </div>				
1. NAME (Last, First, Middle)	2a. SSN	b. INITIAL (To indicate valid SSN)	3a. SERVICE	b. REPORTING UNIT CODE DUTY STATION
4a. SPOUSE NAME	b. ADDRESS (Include ZIP Code)			
5. CHILDREN a. NAME	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code)	
6a. FATHER NAME	b. ADDRESS (Include ZIP Code)			
7a. MOTHER NAME	b. ADDRESS (Include ZIP Code)			
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD			
9a. BENEFICIARY(IES) FOR DEATH GRATUITY (If no surviving spouse or child)	b. ADDRESS (Include ZIP Code)		c. PERCENTAGE	
10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES	b. ADDRESS (Include ZIP Code)		c. PERCENTAGE	
11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING (Subject to Secretarial determination)				
12. INSURANCE (SGLI and other Insurance Companies/Policy Numbers)	a. SGLI (Optional Service Use) <input type="checkbox"/> MAXIMUM <input type="checkbox"/> NO OTHER (Amount) _____		b. INSURANCE COMPANIES/POLICY NUMBERS	
13. CONTINUATION/REMARKS				
14. SIGNATURE OF SERVICEMEMBER (Include rank, rate, or grade)		15. SIGNATURE OF WITNESS (Include rank, rate, or grade)		16. DATE SIGNED (YYYYMMDD)

DD FORM 93, AUG 1998

PREVIOUS EDITION MAY BE USED.

Reset

Sample: Report of Casualty (DD 1300)

REPORT OF CASUALTY		REPORT CONTROL SYMBOL DD-P&R(AR)1664	
		<div style="display: flex; justify-content: space-between;"> <div>1. REPORT TYPE</div> <div>2. DATE PREPARED</div> </div>	
3. SERVICE IDENTIFICATION			
a. NAME (Last, First, Middle and Suffix)		b. SOCIAL SECURITY NO.	c. RANK
d. PAY GRADE	e. OCCUPATIONAL CODE/ RATING		
f. COMPONENT	g. BRANCH	h. ORGANIZATION	
4. CASUALTY INFORMATION			
a. TYPE	b. STATUS	c. CATEGORY	d. DATE OF CASUALTY
e. PLACE OF CASUALTY			
f. CIRCUMSTANCES			
g. DUTY STATUS			h. BODY RECOVERED
5. BACKGROUND INFORMATION			
a. DATE OF BIRTH	b. PLACE OF BIRTH	c. COUNTRY OF CITIZENSHIP	
d. RACE			
e. ETHNICITY			f. SEX
g. RELIGIOUS PREFERENCE			
6. ACTIVE DUTY INFORMATION			
a. PLACE OF ENTRY	b. DATE OF ENTRY	c. HOME OF RECORD AT TIME OF ENTRY	
7. INTERESTED PERSONS/REMARKS (Name, Address, and Relationship) (Continue on separate sheet, if necessary)			
FOOTNOTES: 1 Adult next of kin. 2 Beneficiary for gratuity pay in event there is no surviving spouse or child as designated on record of emergency data. 3 Beneficiary for unpaid pay and allowances as designated on record of emergency data.			
8. REPORTING INFORMATION			
a. COMMAND AGENCY			b. DATE RECEIVED
9. DISTRIBUTION		10. SIGNATURE ELEMENT	
NOTE: This form may be used to facilitate the cashing of bonds, the payment of commercial insurance, or in the settlement of any other claim in which proof of death is required.			

DD FORM 1300, MAR 2004

PREVIOUS EDITION MAY BE USED.

Reset

Sample: Manifest for Orders

Orders #007-86

HQ, NTC FT IRWIN, FT IRWIN, CA

7 January 2005

Smith	Michael	A	SGT	XXX-XX-XXXX	HHT	WG2DT0
Smith	Robert		PFC	XXX-XX-XXXX	E TRP	WG2DE0
Smith	Christopher		SPC	XXX-XX-XXXX	E TRP	WG2DE0
Smith	Seth		SSG	XXX-XX-XXXX	E TRP	WG2DE0
Smith	Mario	B	SGT	XXX-XX-XXXX	HHT	WG2DT0
Smith	Travis		SPC	XXX-XX-XXXX	E TRP	WG2DE0
Smith	Kevin		SPC	XXX-XX-XXXX	A TRP	WG2CA0
Smith	Juan	R	SGT	XXX-XX-XXXX	HHT	WG2DT0
Smith	Mathew		SPC	XXX-XX-XXXX	HHT	WG2DT0
Smith	Jeremy		SSG	XXX-XX-XXXX	A TRP	WG2CA0
Smith	Robert		SGT	XXX-XX-XXXX	A TRP	WG2CA0
Smith	David		SGT	XXX-XX-XXXX	E TRP	WG2DE0
Smith	Jered		SSG	XXX-XX-XXXX	E TRP	WG2DE0
Smith	Brian	Q	CPT	XXX-XX-XXXX	HHT	WG2DT0
Smith	Jimmy	Q	SPC	XXX-XX-XXXX	HHT	WG2DT0
Smith	Mitchel		SSG	XXX-XX-XXXX	A TRP	WG2CA0

Check 1 Manifest (HHT order(215)